

**FILED**United States District Court  
Albuquerque, New MexicoMitchell R. Elfers  
Clerk of CourtJulie Marie Oakleaf 473896

Full Name/Prisoner Number

10 McGregor Range Rd  
Chaparral NM 88081

Complete Mailing Address

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO**Civil Action No. 23cv1131-MIS-LF  
(To be supplied by the Court)Julie Marie Oakleaf 473896\_\_\_\_\_, Plaintiff(s),  
Full name(s) and prisoner number(s)  
(Do not use *et al.*)

v.

Mr Montes, and Mr Rios\_\_\_\_\_, Defendant(s).  
(Do not use *et al.*)**PRISONER'S CIVIL RIGHTS COMPLAINT****A. PARTIES AND JURISDICTION**1. Julie Oakleaf is a citizen of N.M. who  
(Plaintiff) (State)presently resides at 10 McGregor Range Rd Chaparral NM 88081  
(mailing address or place of confinement)2. Defendant Mr Rios is a citizen of NM  
(name of first defendant) (State)whose address is same as mine,and who is employed as Warden At the time the claim(s)  
(title and place of employment)

alleged in this complaint arose, was this defendant acting under color of state law?

Yes X No. If your answer is "Yes," briefly explain:  
\_\_\_\_\_  
\_\_\_\_\_

3. Defendant Mr. Montes is a citizen of MM  
 (name of second defendant) (State)

whose address is same as mine

and who is employed as Gang Intelligence. At the time the claim(s)  
 (title and place of employment)

alleged in this complaint arose, was this defendant acting under color of state law?

Yes X No. If your answer is "Yes," briefly explain:

(If more space is needed to furnish the above information for additional defendants, continue on a blank sheet which you should label "A. PARTIES." Be sure to include each defendant's complete address and title.)

(CHECK ONE OR BOTH:)

X Jurisdiction is asserted pursuant to 42 U.S.C. § 1983 (for state defendants) or *Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (for federal defendants).

X Jurisdiction also is invoked pursuant to 28 U.S.C. § 1343(a)(3). (If you wish to assert jurisdiction under different or additional statutes, you may list them below.)

#### B. NATURE OF THE CASE

BRIEFLY state the background of your case. On 11-15-23 Mr. Montes advised me that there was a policy change for us transgender women

#### C. CAUSE OF ACTION

I allege that the following of my constitutional rights, privileges, or immunities have been violated and that the following facts form the basis of my allegations: (If more space is needed to explain any allegation or to list additional supporting facts, continue on a blank sheet which you should label "D. CAUSE OF ACTION.")

Claim I: 8 Admenment, and 14<sup>th</sup> Admenment  
I was told by Mr Montes that if  
a transwoman was born a male  
that a male officer would contact  
a UA on the transwoman

Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.)

Claim II: MMCD policy, 150-801 state  
that transwomen & trans men have the  
choice which sex officer will pat, strip

Supporting Facts: serch, and contant urine samples

Claim III: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting Facts:

**D. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF**

1. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to the conditions of your imprisonment?      Yes      No. If your answer is "Yes," describe each lawsuit. (If there is more than one lawsuit, describe the additional lawsuits using this same format on a blank sheet which you should label "E. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF.")

a. Parties to previous lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

b. Name and location of court and docket number \_\_\_\_\_

c. Disposition of lawsuit. (For example, was the case dismissed? Was it appealed? Is it still pending?)  
\_\_\_\_\_

d. Issues raised: \_\_\_\_\_

e. Approximate date of filing lawsuit: \_\_\_\_\_

f. Approximate date of disposition: \_\_\_\_\_

2. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part D.      Yes      No

If your answer is "Yes," briefly describe how relief was sought and the results.

3. I have exhausted available administrative remedies.   X   Yes      No. If your answer is "Yes," briefly explain the steps taken. Attach proof of exhaustion. If your answer is "No," briefly explain why administrative remedies were not exhausted.

*I did a informal complaint the day of incident and then a grievance and neither was answered*

**E. PREVIOUSLY DISMISSED ACTIONS OR APPEALS**

1. If you are proceeding under 28 U.S.C. § 1915, please list each civil action or appeal you have brought in a court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Please describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on a blank sheet which you should label "F. PREVIOUSLY DISMISSED ACTIONS OR APPEALS."

a. Parties to previous lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

b. Name and location of court and docket number \_\_\_\_\_

c. Grounds for dismissal: ( ) frivolous ( ) malicious ( ) failure to state a claim upon which relief may be granted.

d. Approximate date of filing lawsuit: \_\_\_\_\_

e. Approximate date of disposition: \_\_\_\_\_

2. Are you in imminent danger of serious physical injury? Yes \_\_\_\_ No \_\_\_\_ If your answer is "Yes," please describe the facts in detail below without citing legal authority or argument.

**G. REQUEST FOR RELIEF**

I request the following relief:

*I would like the laser hair removal done face down  
I would like my face and body feminized  
\$2,000,000 for humiliation*

Prisoner's Original Signature

*John Oakley*

Original signature of attorney (if any)

\_\_\_\_\_  
\_\_\_\_\_

Attorney's full address and telephone

**DECLARATION UNDER PENALTY OF PERJURY**

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at \_\_\_\_\_

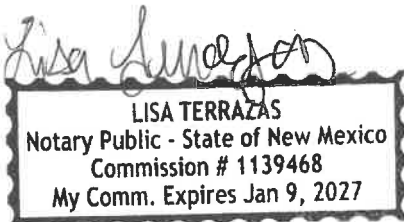
(location)

on \_\_\_\_\_

(date)

*12/16/2023*

*John Oakley*  
Prisoner's Original Signature





SF-1915 Leave to Proceed

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW MEXICO

Julie Oakleaf

Plaintiff(s)/Petitioner(s),

v. Mr. Montes  
Mr. Rios

No. CIV. \_\_\_\_\_

Defendant(s)/Respondent(s).

---

PRISONER'S MOTION AND AFFIDAVIT  
FOR LEAVE TO PROCEED PURSUANT TO 28 U.S.C. § 1915

---

I request leave to commence this civil action without prepayment of fees or security therefor pursuant to 28 U.S.C. § 1915. In support of my request, I declare that:

(1) ☒ I am unable to pay such fees or give security therefor.

(2) The nature of this action is: a 8<sup>th</sup> and 14<sup>th</sup>  
advisement violation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) ☒ I am entitled to redress.

(4) I authorize the institution in which I am or have been incarcerated, to release any information concerning my inmate account(s) or other information concerning my financial affairs. I further authorize the agency having custody of me to collect from my trust account and forward to the Clerk of this Court payments in accordance with 28 U.S.C. § 1915(b)(2).

SF-1915 Leave to Proceed

- (5) ☒ I acknowledge and consent that a portion of any recovery, as directed by the Court, shall be paid to the Clerk for reimbursement of all fees and costs incurred by me as a result of being granted leave to proceed in forma pauperis.
- 6) My assets and their value are listed below:  
 (Assets may include income from employment, rent payments, interest or dividends, pensions, annuities, life insurance payments, Social Security, Veteran's Administration benefits, disability pensions, Worker's Compensation, unemployment benefits, gifts or inheritances, cash, funds in bank accounts, funds in prison accounts, real estate, stocks, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing), or any other source of income.)

You may attach an additional page, if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

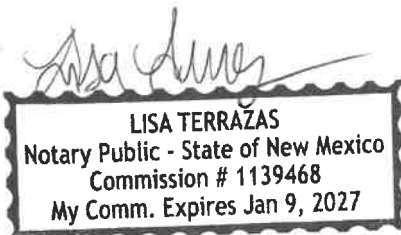
\_\_\_\_\_

\_\_\_\_\_

**REQUIRED CERTIFICATION:** you must attach to this motion and affidavit a certified copy of your trust fund account statement (or institutional equivalent) for the six-month period immediately preceding the filing of this action. You must obtain the certified copy of your trust fund account statement (or institutional equivalent) from the appropriate official or each penal institution at which you are or were confined during the six-month period."

I declare under penalty of perjury that the foregoing is true and correct.

Executed at \_\_\_\_\_ on 12/16/2023  
 (location) (date)



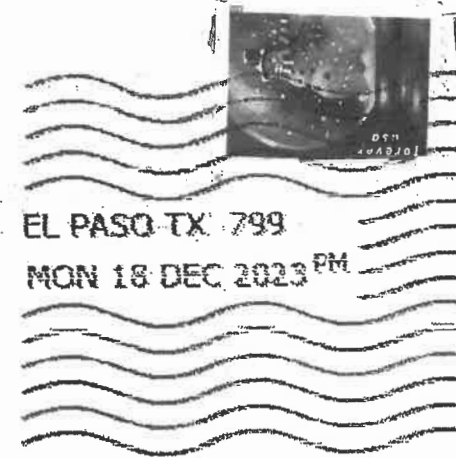
John Oakley  
 Prisoner's Original Signature



Julie Oakleaf 473896 WD-19

10 McGregor ~~Rd~~ Range Rd

Chaparral NM 88081



EL PASO TX 799

MON 18 DEC 2023 PM

Legal Mail

**RECEIVED**  
UNITED STATES DISTRICT COURT  
ALBUQUERQUE, NEW MEXICO

DEC 20 2023

MITCHELL R. ELFERS  
CLERK

US District Court  
333 Lomas Blvd NW, Ste 270  
Albuquerque NM 87102